FORM D'



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | | |
|---|---------------|-----|--|--|--|--|--|
| OMB Number: 3235 0076 Expires: May 31, 2001 Estimated average burden hours per form 1 | | | | | | | |
| SEC | USE O | NLY | | | | | |
| Prefix Serial | | | | | | | |
| DATE | DATE RECIEVED | | | | | | |

| Name of Offering (☐ check if this is an amendment and name | has ch | anged, | and in | dicate | chang | e.) | | | |
|--|---------------|----------|--------|----------|----------------|-----------------------------------|------------------------------|--|--|
| Filing Under (Check box(es) that apply): ☐ Rule 504 Rule 5 Type of Filing: ☐ New Filing ☒ Amendment | 05 🗵 | Rule 5 | 06 Se | ection 4 | 4 (6) □ | ULOE | EN EU COM | | |
| А. в | ASIC | IDEN' | rific | ATIO | N DA | TA // // A PO S | = 200° | | |
| Enter the information requested about the issuer | | | | | | (M) 00 c | | | |
| Name of Issuer (□ check if this is an amendment and name has Tissera, Inc. | s chang | ged, and | d indi | cate ch | ange.) | | 181 | | |
| Address of Executive Offices (Number and c/o Abramovich, Yosef, Hakim, Toyota Towers, 65 Y 67443, Israel | ng Area Code) | | | | | | | | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code) | | | | | | | | | |
| Brief Description of Business market and sell tissue transplant technologies pursua agreement | nt to | a licen | ise ag | reem | ent ar | nd sell bit error rate tester | s pursuant to a license | | |
| Type of Business Organization ☑ corporation ☐ limited partnership already formed ☐ business trust ☐ limited partnership, to be formed | | 0 (| other | (please | specif | ĵy): | PROCESSED | | |
| Actual or Estimated Date of Incorporation or Organization: | Mor | oth 5 | | Y6 | ear 0 | ☑ Actual □ Estimated | THOMSON FINANCIAL | | |
| Jurisdiction of Incorporation or Organization: (Enter two-let CN for Canad | | | | | | | | | |
| GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance | on an e | kemptio | n unde | r Regula | ation D | or Section 4(6), 17 CFR 230.501 e | et seq. or 15 U.S.C. 77d(6). | | |
| When To File: A notice must be filed no later than 15 days after the first s | | | | | | | | | |

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

States registered or certified mail to that address.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA | |
|---|--|
| · . | |
| | |
| | or more of a class of equity securities of the |
| | ners of narmership issuers: and |
| | note of paralogomp issues, and |
| Date general and managing parameter of parameters in 1992. | |
| | General and/or Managing Partner |
| Full Name (Last name first, if individual) Pico, Robert G. | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3 Field Drive, Woodbridge, CT 06525 | |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) Rabenou, Dr. Viki | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Abramovich, Yosef, Hakim, Toyota Towers, 65 Yigal alon St., Tel Aviv 67443, Israel | |
| Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner □ Executive Officer □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) Group consisting of; Sagi, Efraim; Malik, Ariel; Allalouf, Sara; Ackerman, Ori; Sagie, Yaro Notzgan; Loar, Sharon; Livne, Yacov; Allalouf, Yoram; and Zuckerand, Yael | on; Stolero, Shoshana; Sagi, Gal; Orgal, |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Abramovich, Yosef, Hakim, Toyota Towers, 65 Yigal alon St., Tel Aviv 67443, Israel | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) Werver, Alex | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Abramovich, Yosef, Hakim, Toyota Towers, 65 Yigal alon St., Tel Aviv 67443, Israel | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) Segev, Meir | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Abramovich, Yosef, Hakim, Toyota Towers, 65 Yigal alon St., Tel Aviv 67443, Israel | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers; and Each general and managing partner of partnership issuers, and Each general and managing partner of partnership issuers, and Each general and managing partners of partnership issuers, and Each general and managing partners of partnership issuers, and Each general and partner of partnership issuers, and Each general and managing partners of partnership issuers, and Each general and managing partners of partnership issuers, and Each general and partnership issuers, and | |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| | SEC 1972 (5/91) |

| | | alle di la c | | | B. IN | IFORMA | TION A | SOUT OF | FERING | | | | |
|------------------------------------|--|---|---|--|--------------------------------------|---|--|---|-------------------------------|------------------------------|-------------------------------|----------------------------------|-------------|
| 1. Has ti | ne issuer sol | | the issuer | | | | | | offering? | | | No | |
| 2. What | is the minin | num inves | stment that | will be ac | cepted fro | om any ind | dividual? | | | | | \$500,00 | 0 |
| 3. Does | the offering | permit jo | int owners | hip of a si | ngle unit? | | | | | | | Yes | |
| person to states, lis | the information or similar be listed is the name dealer, you | r remuner an associ of the bro | ation for s lated perso ker or dea | olicitation n or agent ler. If mor | of purcha of a brok e than fiv | sers in cor er or deal e (5) pers | nnection w er register ons to be | ith sales of ed with the listed are | f securities e SEC and | in the offe l/or with a | ring. If a state or | 103 | |
| Full Nam None | e (Last nam | e first, if | individual |) | | | | | | | | | |
| Business | or Residenc | e Addres | s (Number | and Stree | t, City, St | ate, Zip C | ode) | | | | | | |
| Name of | Associated | Broker or | Dealer: | | | | | | | | | | |
| States in | Which Pers | on Listed | Has Solic | ited or Inte | ends to So | licit Purch | nasers | | | | | | |
| (Check ". [AL] [IL] [MT] [RI] | All States" of [AK] [IN] [NE] [SC] | or check in [AZ] [IA] [NV] [SD] | ndividual S [AR] [KS] [NH] [TN] | States) [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | □All States |
| Full Nam | e (Last nam | e first, if | individual |) | | | | | | | | | |
| Business | or Residenc | e Addres | s (Number | and Stree | t, City, St | ate, Zip C | ode) | | | | | | |
| Name of | Associated | Broker or | Dealer | | | ************************************** | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | Vhich Person Il States" or c | | | | Solicit Purc | hasers | | | | | _ | All States | |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | All States [ID] [MO] [PA] [PR] | |
| Full Name | (Last name f | irst, if indi | vidual) | | | | | | | | | | : |
| Business | or Resident | ce Addres | s (Number | and Stree | t, City, St | ate, Zip C | ode) | | | | | | |
| Name of | Associated | Broker or | Dealer | | | | | | | | | | |
| (Check "A | Which Person | heck indiv | idual States |) □All | States | | (Dir. | (DC) | ר אינו | (0.43 | Lin | t and a | |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \Box and indicate in the columns below the amounts of the securities offered for exchange and already exchange. | | |
|----|---|-----------------------------|--------------------------------------|
| | Type of Securities | Aggregate Offering Price | Amount Already Sold |
| | Debt | | |
| | Equity (Units consisting of one share of common stock and three warrants) | \$5,500,000 | \$5,500,000 |
| | ☑ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | | |
| | Partnership Interests | | |
| | Other (Specify) | | |
| | | | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | \$5,500,000 | \$5,500,000 |
| 2 | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the | | |
| ۷. | aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 18 | \$5,500,000 |
| | Non-accredited Investors | | |
| | Total (for filings under Rule 504 only) | | |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question I. | Type of Security | Dollar Amount Sold |
| | Type of offering | N/A | |
| | Rule 505 | | |
| | Regulation A | | |
| | Rule 504 | | |
| | Total | | |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of he issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the left of the estimate. | | |
| | Transfer Agent's Fees | | |
| | Printing and Engraving Costs | × | |
| | Legal Fees | 区 | \$20,000 |
| | Accounting Fees | | |
| | Engineering Fees | | |
| | Sales Commissions (specify finders' fees separately) | ☒ | |
| | Other Expenses (identify): Finder's Fees | × | \$495,000 |
| | Total | × | \$515,000 |

| b. Enter the difference between the aggregate offerin total expenses furnished in response to Part C - Que proceeds to the issuer." | | | | | | | |
|--|---|---------------------|--|---------------------------------------|-----------------------|--|--|
| Indicate below the amount of the adjusted gross proceed purposes shown. If the amount for any purpose is not of the estimate. The total of the payments listed must response to Part C - Question 4.b above. | known, furnish an estimate and check the box to the | he left | | | | | |
| | | | Payments to Officers, Directors, & Affiliates | | Payments To Others | | |
| Salaries and fees(Consultants and Advisors) | | | | _ 0 | | | |
| Purchase of real estate | | | | □ | | | |
| Purchase, rental or leasing and installation of | machinery and equipment | | | 0 | ., | | |
| Construction or leasing of plant buildings an | d facilities | | | | | | |
| | e value of securities involved in this offering that surities of another Issuer pursuant to a merger). | | | | | | |
| Repayment of indebtedness | | | | _ 0 | | | |
| Working capital | | | | — — | \$1,185,000 | | |
| - | | | | 🗵 | \$3,800,000 | | |
| Other (specify): Research and Development; Development of Laboratory; Pre-Clinical (seeking FDA approval for clinical trials in humans) Column Totals | | | | 🗵 | _\$4,985,000_ | | |
| Total Payments Listed (column totals | added) | | X | \$4,985,0 | 000 | | |
| | | | - | | | | |
| | D. FEDERAL SIGNATURE | | | | | | |
| he issuer has duly caused this notice to be signed by to constitutes an undertaking by the issuer to furnish to the ne issuer to any non-accredited investor pursuant to pa | U.S. Securities and Exchange Commission, upon w | | | | | | |
| isuer (Print or Type) : issera, Inc. | Signature | Date Marc | ch 12, 2004 | | | | |
| ame of Signer (Print or Type): | Title of Signer (Print or Type): | | | | | | |
| icki Rabenou | Chief Executive Officer | | N | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

| | | E. STATE SIGNATURE | | | | | | | |
|---|---|---|-----------------------------------|----------|---------------|--|--|--|--|
| 1. | Is any party described in 17 CFR 230.252(c), (c) of such rule? | | | Yes | No X | | | | |
| | S | See Appendix, Column 5, for state response. | | | | | | | |
| 2. | The undersigned issuer hereby undertakes to fu (17 CFR 239.500) at such times as required by | | which this notice is filed, a no | otice or | n Form D | | | | |
| 3. | . The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerers. | | | | | | | | |
| 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offer Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. | | | | | | | | | |
| | The issuer has read this notification and knows to duly authorized person. | he contents to be true and has duly caused this r | notice to be signed on its behal: | f by the | e undersigned | | | | |
| | uer (Print or Type) : | Signature | Date March 12, 2004 | | | | | | |
| Nar | me of Signer (Print or Type): | Title of Signer (Print or Type): | | | | | | | |

Chief Executive Officer

Instruction:

Vicki Rabenou

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

6 of 8 SEC 1972 (5/91)

| | Intend to sell to non-accredited investors in State (Part B-Item 1) | | Type of security and aggregate offering price offered in State (Part C - Item 1) | Type of inves | stor and amount p | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | |
|-----------|--|----|--|--------------------------------------|-------------------|---|--------|----------|----------|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | х | | | | | | | |
| ΑK | | X | | | | | | | |
| AZ | | X | | | | | | | |
| AR | | X | | | | | | | |
| CA | | Х | | | | | | | |
| со | | Х | | | | | | | |
| СТ | | х | | | | | | | |
| DE | | х | | | | | | | <u> </u> |
| DC | | х | | | | | | <u> </u> | |
| FL | | Х | | | | | | | |
| GA | | X | See Note. | 1 | \$210,000 | | | | X |
| HI | | х | | | | | | | |
| ID | | Х | | | | | | | |
| IL | | X | | | | | | | |
| IN | | Х | | | | | | | |
| <u>IA</u> | | х | | | | | | | |
| KS | | х | | | | | | | |
| KY | | х | | | | | | | |
| LA | | х | | | | | | | |
| ME | | X | | | | | | | |
| MD | | X | | | | | | | |
| MA | | X | See Note. | 1 | \$100,000 | | | | X |
| MI | | X | | | | | | | |
| MN | | Х | | | | | | | |
| MS | | X | | | | | | | |
| МО | | x | | | | | | | |

| | non-ac invest | to sell to ccredited ors in State B-Item 1) | Type of security and aggregate offering price offered in State (Part C - Item 1) | Type of inves | tor and amount pu | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | |
|-------|------------------|--|--|--------------------------------------|-------------------|---|--------|-----|----|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| MT | | x | | | | | | | |
| NE | | x | | | | | | | |
| NV | | x | | | | | | | |
| NH | | x | | | | | | | |
| NJ | | х | See Note. | 2 | \$215,000 | | | | X |
| NM | | X | | | | | | | |
| NY | | х | See Note. | 7 | \$2,312,500 | | | | X |
| NC | | х | | | | | | | |
| ND | | Х | | | | | | | |
| ОН | | х | | | | | | | |
| OK. | | х | | | | | | | |
| OR | | х | | | | | | 1 | |
| PA | | X | See Note. | 1 | \$87,500 | | | | X |
| RI | | х | | | | | | | |
| sc | | х | | | | | | | |
| SD | | Х | | | | | | | |
| TN . | | X | | | | | | | |
| TX | | X | | | | | | | |
| UT | | Х | | | | | | | |
| VT | | Х | | | | | | | |
| VA | | X | | | | | | | |
| WA | | X | | | | | | | |
| wv | | X | | | | | | | |
| WI | | х | | | | | | | |
| WY | | х | | | | | | | |
| PR | | Х | | | | | | | |

⁽¹⁾ The Company is offering an aggregate of \$5,500,000 of Units, with each Unit consisting of one share of common stock and three warrants.